

Inmate Grievance

Tony Fountain 152157 E3-22 11-10-06
NAME AIS # UNIT DATE

IN RE: TO My Colonoscopy Examine Test Results.

PART A--Inmate Grievance

ON 11-8-06 I WAS TAKEN TO THE ELMORE COUNTY COMMUNITY HOSPITAL FOR A COLONOSCOPY EXAMINE CONDUCTED BY DR. T. BIANCHI. I HAVE YET TO LEARN THE TEST RESULTS OF 11-8-06 AS OF THIS DATE. I'M STILL EXPERIENCING BLOOD IN MY STOOL. ON 11-9-06 I NOTICE BLOOD IN MY STOOL AROUND 3:20 A.M. AGAIN 11-10-06 AROUND 2:35 A.M. AFTER DEFECATING. DR. BIANCHI INFORMED ME THAT I HAD POLYPS ON MY COLON AND THAT DURING MY COLONOSCOPY EXAMINE HE HAD REMOVED THEM. AND THAT THESE POLYPS COULD AND/OR LEAD INTO CANCER IF NOT REMOVED.

INMATE SIGNATURE

DATE RECEIVED

PART B--RESPONSE

P.H.S. Department Head Signature

DATE

If you wish to appeal this review you may request a Grievance Appeal form from the Health Services Administrator. Return the completed form to the attention of the; Health Service Administrator. You may place the form in the sick call request box or give it to the segregation sick call nurse on rounds.

H.S.A Selection:	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input type="checkbox"/>	<input type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII Problems with Medication	<input type="checkbox"/>	<input type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII Request to be seen	<input type="checkbox"/>	<input type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX Request for Off-site Specialty Care	<input type="checkbox"/>	<input type="checkbox"/>
V Conduct of Healthcare Staff	<input type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>	<input type="checkbox"/>

Committee Review of Data Collection

Exhibit - 240